UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:

Expires: March 15, 2009 Estimated average burden hours per response. 4.00



Name of Offering (check if this is an amendment and name has	changed, and indicate char	nge.) SEC Mali Processing
Filing Under (Check box(es) that apply): Rule 504 Rule 50 Type of Filing: New Filing Amendment	5 🗷 Rule 506 🔀 Sect	tion 4(6) ULOE Section MAR 2 0 2009
A. BASIC IDEN	TIFICATION DATA	
I. Enter the information requested about the issuer	· · · · · · · · · · · · · · · · · · ·	Washington, DC
Name of Issuer (check if this is an amendment and name has changed,	and indicate change.)	122
US Capital Fund II, LLC		
Address of Executive Offices (Number and Source Northfield Plaza, Suite 225, Northfield,	treet, City, State, Zip Code) Illinois 60093	Telephone Number (Including Area Code) (847) 784-1813
Address of Principal Business Operations (Number and S (if different from Executive Offices)	Street, City, State, Zip Code	Telephone Number (Including Area Code)
Brief Description of Business		
Limited liability company formed for purposes of i	nvesting in interest	s of certain privately-held companies.
Type of Business Organization corporation	ned lim	(please specify): ited liability company
Actual or Estimated Date of Incorporation or Organization: O 6 O		
GENERAL INSTRUCTIONS Note: This is a special Temporary Form CFR 239.500) only to issuers that file with the Commission a notice of notice in paper format on or after September 15, 2008 but before Marchinitial notice using Form D (17 CFR 239.500) but, if it does, the issuer comply with all the requirements of § 230.503T. Federal:	n Temporary Form D (17 h 16, 2009. During that po must file amendments usin	CFR 239.500T) or an amendment to such a eriod, an issuer also may file in paper format an ng Form D (17 CFR 239.500) and otherwise
Who Must File: All issuers making an offering of securities in reliance seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the fir Securities and Exchange Commission (SEC) on the earlier of the date it address after the date on which it is due, on the date it was mailed by U. Where To File: U.S. Securities and Exchange Commission, 100 F Street Copies Required: Two (2) copies of this notice must be filed with the S must be a photocopy of the manually signed copy or bear typed or prin Information Required: A new filing must contain all information reques any changes thereto, the information requested in Part C, and any mate Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State:	est sale of securities in the is received by the SEC at Inited States registered or a, N.E., Washington, D.C. EC, one of which must be ted signatures. ted. Amendments need on	offering. A notice is deemed filed with the U.S. the address given below or, if received at that certified mail to that address. 20549. manually signed. The copy not manually signed by report the name of the issuer and offering,
This notice shall be used to indicate reliance on the Uniform Limited C have adopted ULOE and that have adopted this form. Issuers relying on		•

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each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The

Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Northport-US Capital Management, LLC	Director	X Somewhador Manager Manager
Full Name (Last name first, if individual)		
One Northfield Plaza, Suite 225, Northfield, Illinois 6009	3	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Shelby, Justin G.	Director	図 Gokkekkangkofx Manager Manager of Manager
Full Name (Last name first, if individual)		
One Northfield Plaza, Suite 225, Northfield, Illinois 60	093	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: X Promoter X Beneficial Owner Executive Officer Harrison, Craig R.	Director	Monoging-Boston Manager of Manager
Full Name (Last name first, if individual)		
One Northfield Plaza, Suite 225, Northfield, Illinois 600	093	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
(Use blank sheet, or copy and use additional copies of this	sheet, as necessary	v)
(200 Statist States, 5. Top) and use additional copies of this	uo necessar	1.7

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1	Hag the	e issuer sold	l an daaa t	h a i a a u a m i	mtand to a	all to non o	anaditad .	imulaatama il	n this offer	.i.n.~9		Yes	No
1.	nas tne	r issuer soic	i, or does i							•	······································	. []	X
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?							ç 25,	625.00				
2.	what is the minimum investment that will be accepted from any individual?							Yes	No				
3.	Does th	ne offering j	permit join	t ownersh	ip of a sing	gle unit?							
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.												
	If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such												
		s, list the na r or dealer,					· / •			ociated per	sons of suc	h	
Full		Last name	-		<u> </u>	1011 101 11141	oroker or	deuter oni	, ·				
			····· • • • • • • • • • • • • • • • • •	,									
Busi	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nam	ne of As	sociated Br	oker or De	aler									*******
State	es in Wh	nich Person	Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers	 					
		"All States								.,		. [A	Il States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	н	ID
			IA.	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (Last name f	first, if ind	ividual)									
Duai	magg am	Dagidanaa	Address (N	Jumbaran	d Street C	Situ Ctata	Zin Codo)						
Dusi	ness of	Residence	Address (1	vumber an	a street, C	ity, State,	Zip Code)						
Nam	e of Ass	sociated Bro	oker or De	aler							***************************************		
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·	**********		***
		"All States"										. Al	1 States
										FL			
	AL IL	AK IN	[AZ]	AR KS	CA KY	LO LA	CT ME	DE MD	DC MA	ML	GA MN	HL MS	MO
	MT	NE	NY	NH	NL	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (I	Last name f	irst, if indi	vidual)									
Busi	ness or	Residence	Address (N	lumber an	d Street, C	Sity, State, 2	Zip Code)						
Nam	e of Ass	sociated Bro	oker or Dea	iler									
		ich Person								,			
	(Check	"All States"	or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Ш	ID
	IL	IN.	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RL	NE SC	NV SD	NH TN	NJ TX	LUT.	NY VT	NC VA	ND WA	WV WV	OK.	lor Wy	PA PR
'			لصعبت	نتنب	للقضيف								

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	A	mount Already Sold
	Debt	0.00	\$	0.00
	Equity		\$	0.00
	Common Preferred		_	
	Convertible Securities (including warrants)	0.00	\$	0.00
	Partnership Interests	0.00	\$	0.00
	Other (Specify <u>limited liability gompany</u> interests	10,250,000.00	\$ ²	2,665,431.00
	Total	10,250,000.00	° \$ 2	2,665,431.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Pollar Amount of Purchases
	Accredited Investors	48	\$_3	2,665.431.00
	Non-accredited Investors	0	\$_	0.00
	Total (for filings under Rule 504 only)	N/A	\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	N/A		
	Type of Offering	Type of Security	D	Oollar Amount Sold
	Rule 505	***************************************	\$_	
	Regulation A		\$_	
	Rule 504		\$_	
	Total		\$_	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	***
	Printing and Engraving Costs		\$	11117 - W. C
	Legal Fees		\$	
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify) legal fees, accounting fees, blue sky filing fees, related cost	s X	\$_ ²	25,000.00
	Total		\$	25,000.00

	and total expenses furnished in response to Part C – proceeds to the issuer."			\$ <u>10,225,000.</u> 00	
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Pa	my purpose is not known, furnish an estima of the payments listed must equal the adjusted	te and		
			Payments to Officers, Directors, & Affiliates		
	Salaries and fees			00	
	Purchase of real estate				
	Purchase, rental or leasing and installation of ma	chinery			
	and equipment				
	Construction or leasing of plant buildings and fa		S	_	
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another	🗆 \$	\$	
	Repayment of indebtedness				
	Working capital			\$	
	Other (specify):		\$	\$	
	Investments in interests of certain	in privately-held companies	 [] \$	X \$10,000,000.00	
	Column Totals		🕱 \$_225,000.	00 \$\frac{10,000,000.0}{}	
	Total Payments Listed (column totals added)			10,225,000.00	
JI.		E D. FEDERAL SIGNATURE:			
gr	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to furnished by the issuer to any non-accordance.	rnish to the U.S. Securities and Exchange Co	mmission, upon writ	tule 505, the following ten request of its staff,	
ssu	er (Print or Type)	Signature	Date		
U	S Capital Fund II, LLC	18	March 12,	_2009	
lar	ne of Signer (Print or Type)	e of Signer (Print or Type) Title of Signer (Print or Type)			
	Justin G. Shelby Manager of Northport-US Capital Management, LLC, Manager of Issu				

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)